

## Dare to Dream Registration Form

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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### Registration Fee - \$75 per Adult - Children and Teens Free

Please mail this completed Registration Form and Application for Child/Respite Care and Teen/Young Adult Activities Form (as needed) and payment in the form of a check made payable to "Dare to Dream" to the following address by **May 1, 2008**.

Dare to Dream Conference  
3701 West 49th Street, Suite 102  
Sioux Falls, South Dakota 57106

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**STIPENDS** are available on a first come, first served basis. However, to help planners be good stewards of conference funds, please take advantage of other stipend sources as you are able and consider car-pooling whenever possible. **A \$25 per adult co-pay is requested with the stipend request. (Example: Two adults in the family pay \$50 co-pay regardless of number of stipends requested.)**

Please check the box next to the item(s) for which you are requesting a stipend.

- ☐ Lodging
- ☐ Registration
- ☐ Mileage (Will be considered on a case-by-case basis.)
  
- ☐ I have enclosed the \$25 co-pay for each adult.

**Even if you are requesting a stipend, you must make your own motel reservations. To qualify for lodging stipend you must stay at the Ramkota or in any of the other accessible rooms listed in the brochure. Please note on this registration form if you have made reservations anywhere other than the Ramkota.**

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Please turn this form over for accommodation requests and additional information.

I am requesting participation **accommodations:**

☐ Interpreter

☐ Assistive Listening Device

☐ Braille

☐ Disk

☐ Large Print

☐ Other (Please explain) \_\_\_\_\_

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### Breakout Session Interest

To help in space planning, please note a speaker (by circling their name) in each breakout time that you are interested in hearing. (Session titles are listed in the brochure.)

Breakout Session 1	Breakout Session 2	Breakout Session 3	Breakout Session 4
1. Pathways	1. Peter Leidy	1. Peter Leidy	1. Rev. Kathy Timpany
2. South Dakota Parent Connection	2. T. Marni Vos	2. T. Marni Vos	2. Gabe Nelson
3. Sib Shops	3. Kathy Marshall	3. Family Support 360 and Respite Care	3. Dennis Hook
4. Panel Discussion - Self Advocacy	4. South Dakota Parent Connection and SD Department of Education	4. Dr. Jerry and Susie Blake	4. Matt Haugen
	5. Duane Hollow Horn Bear	5. Duane Hollow Horn Bear	5. Ron Sasso

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**Requests for Child/Respite Care and Teen/Young Adult Activities can be made by submitting the enclosed Application for Child/Respite Care and Teen/Young Adult Activities. Please be sure to completely fill out one form for each child or teen/ young adult. Copy the form as many times as necessary.**

**Child/Respite Care** is available for children 0-12 years old.

This is all inclusive child care for children with special needs and their siblings.

Youth 13 years of age and older may participate in **Teen/Young Adult Activities**. This is an all inclusive program for teens with special needs and their siblings.

Any adult child not wishing to participate in the Teen/Young Adult Program must register as an adult.

**Please Note - Child/Respite Care and Teen/Young Adult Activities** will only be available on a first come, first served basis to those who register by **May 1, 2008. Walk-in registration for Child/Respite Care and Teen/Young Adult Activities will not be accepted.**

# Application for Child/Respite Care and Teen/Young Adult Activities

Registrations for these programs will not be accepted after **May 1, 2008**.

Applying for: (Please Check One - Complete separate form for each individual).

☐ Child/Respite Care      ☐ Teen/Young Adult Activities

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent's Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's T-Shirt Size: \_\_\_\_\_

**Please provide the following information as it applies to your child. If not applicable, please indicate.**

1. Does your child need assistance for daily activities such as bathrooming?  
Independent                      Some Assistance                      Total Assistance

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any medical needs such as allergies, medications, etc. that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does your child use any adaptive equipment for walking? \_\_\_\_\_  
\_\_\_\_\_

4. Does your child use any special communication aides? \_\_\_\_\_  
\_\_\_\_\_

5. Are there behavioral supports we should use to make sure your child is successful in our activities? \_\_\_\_\_  
\_\_\_\_\_

6. Does your child have any special dietary or feeding needs? \_\_\_\_\_  
\_\_\_\_\_

**Please Turn Over to Complete Form and Parental Authorizations**

7. Does your child require more supervision than other children his/her age? If yes, please describe. \_\_\_\_\_

Please tell us anything else that you'd like us to know about your child: \_\_\_\_\_

**Remember** - Your child will be swimming so be sure he/she has a swimsuit along.

Child care registration is from **4:00 p.m. - 5:00 p.m.** on **Sunday, June 8, 2008**. In order to be admitted into the program, all children and teens/young adults must meet their providers between 4:00 p.m. and 5:00 p.m. on Sunday. **This Sunday meeting is required for all children, teens, young adults and their parents.**

### Parental Authorizations

We need your signature for two separate authorizations concerning this conference. One concerns the filming of a video and the other concerns the child/respite care and teen/young adult activities.

#### Video Authorization

I give my permission to have my child(ren) filmed or photographed. I understand that these may be used to promote future conferences.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Care Authorization

I agree by my signature to hold harmless any person(s) involved in the Dare to Dream Conference with regard to accident or injury to \_\_\_\_\_ (child's name) during the term of the conference.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form by May 1, 2008 to:

Dare to Dream Conference  
South Dakota Parent Connection  
3701 West 49th Street, Suite 102  
Sioux Falls, South Dakota 57106

Questions? Please call South Dakota Parent Connection at (605) 361-3171 or 1-800-640-4553.